



Los Angeles County Commission for Women



APPLICATION FOR DONATION

All requests for funds must be received 30 days prior to the next scheduled LACCW meeting (see attached meeting schedule). The requesting organization must provide the following information before consideration of a request.

Name of Organization

Address

City, State

Zip

Telephone Number

FAX Number

Website Address

Contact Person

Title

Cell (optional)

E-mail

Organizational Identification

(Non-profit status/tax I.D. number): _____

Mission of Organization (Purpose and Goals):

History of Organization and Time of Existence:

Los Angeles County Commission for Women
APPLICATION FOR DONATION
(Page 2)

Listing of Board of Directors:

Event Information – Date/Time, Location and Target Number of Attendees:

Date/Time: _____

Location: _____

Target Number of Attendees: _____

Event Information – Purpose and Goals:

* Event publicity materials may be included (optional)

In what Los Angeles County District will this event take place?
(Please enter the district number)

In what Los Angeles County District does your organization belong to?
(Please enter the district number)

Constituency served within Los Angeles County (age, gender, ethnicity, income level, geographical region, etc.):

Specific Request (i.e. monetary contribution, use of LACCW's name or logo, access to mailing resources, and/or staff assistance)

Los Angeles County Commission for Women
APPLICATION FOR DONATION
(Page 3)

How will this donation benefit the organization?

Have you received donation funds from LACCW before? If yes, please specify the event, time, and amount of donation. If more than once, please specify the two most recent occasions.

No (____), this is the first time we received donation from LACCW.

Yes (____), we have received donation(s) from LACCW previously.

| |
|--|
| First Occasion: Name of the Event _____ Date of the Event: _____ Donation Amount: _____ |
|--|

| |
|---|
| Second Occasion: Name of the Event _____ Date of the Event: _____ Donation Amount: _____ |
|---|

Please send this form to:
Los Angeles County Commission for Women
500 W. Temple Street, Rm. B-50, Los Angeles, CA 90012
PH: 213-974-1455
FAX: 213-633-5102
www.laccw@bos.lacounty.gov

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For CW Office Only: _____
Date Received Received By Date of Review Reviewed By
(Yes____) (No____)
Place on Agenda: _____
Reason for not placing on agenda _____

Los Angeles County Commission for Women
APPLICATION FOR DONATION
(Page 4)

| | | | |
|--------------------------|--------------------|--------------------|-----------------|
| _____ | (Yes____) (No____) | (Yes____) (No____) | _____ |
| Date of CW Board Meeting | Action Taken | Notification Sent | Amount Approved |

Reason for Rejection
